



CHAUFFEUR REGISTRATION INITIAL/RENEWAL APPLICATION
GENERAL INFORMATION

Incomplete applications will not be processed

When to apply: Monday through Friday (Except Holidays) 8:00 a.m. to 3:30 p.m. **Applicants must apply in person.**

What to bring: **U.S. Citizens-** Social Security Card and U.S. Passport **or** original certified U.S. Birth Certificate **or** original Certificate of Naturalization
Non U.S. Citizens- Social Security Card and original Permanent Residency Card or original valid Work Authorization Card (if applicable)

- Valid State of Florida Driver's License
- First Aid Certification (School Bus applicants only)
- Defensive Driving Certification (original applicants or renewal applicants with two (2) or more moving violations within the last two (2) years)
- Certificate of training in Passenger Assistance Techniques (PAT) for Wheelchair Accessible Vehicles (if applicable).
- All Chauffeurs and Private School Bus operators transporting more than 15 passengers (including driver), must have a CDL License with "P" endorsement
- State of Florida Concealed Weapons Permit (If Applicable)

Registration Fees: (NON REFUNDABLE) Fees are payable by check, money order, or credit card (Visa or Master Card). If you pay by check, the check must be over series #200 and pre-printed with your name and address by a local bank.

Training Program	Materials	Cost
All New Chauffeurs	FDLE (criminal backgrounds)	\$24.00
New Nonemergency, PMC and STS chauffeurs	ACES Manual	\$5.00
New Taxicab Chauffeurs	TCAP Manual	\$16.00
	TCAP Map	\$18.00
	TCAP Training Class	\$135.00
New Limousine Chauffeurs	TIPS Training Class	\$70.00
	TIPS Training Manual	\$11.00
New School Bus Chauffeurs	Training Fee	\$30.00
	Training Manual	\$5.00
Original or Renewal Applicants	1 yr. - \$55.00, 2 yrs. - \$110.00	
Changes to CR (adding/delete companies)	\$26.00	
Lost or Stolen CR	\$26.00	
Change of Address on CR	FREE	

Renewal Late Fee: **If a Chauffeur's Registration is not renewed on or before the expiration date, driver will be required to pay a \$55.00 late fee in addition to the renewal fee.**

Renewals: You may renew your Chauffeur's Registration up to ninety (90) days before it expires.

Training/Testing: Initial applicants are required to attend a Consumer Services Department (CSD) Training Program to obtain a Chauffeur's Registration. Renewal applicants are required to attend training every two years. Drivers with Chauffeur's Registrations expired for over six months must complete the initial training session again. The training sessions offered are:
Taxicab Chauffeur Apprenticeship Program (TCAP): Initial Taxi applicants (**5 days**)
Training Initiative for Professional Services (TIPS): Initial Limousine drivers (**2 days**)
Academy for Chauffeur Excellence and Service (ACES) (1 day): For first time Private School Bus, STS, PMC, and Non-Emergency drivers, and for renewals of Taxi, Limousine, Non-Emergency, STS and PMC drivers.

Use of Social Security #: Pursuant to Florida Statute Section 119.071(5), CSD collects social security numbers for identification and verification purposes. Social Security numbers are also used as a unique numeric identifier and may be used for search purposes.

CHAUFFEUR REGISTRATION INITIAL/RENEWAL APPLICATION

PLEASE CHECK APPROPRIATE BOX

☐ Original ☐ Renewal ☐ Address Change ☐ Add/Change Company ☐ Lost/Stolen License

Part 1- TO BE COMPLETED BY APPLICANT (PLEASE PRINT)

Name: _____ Home Phone #: _____ Cell Phone #: _____
Address: _____ Social Security #: _____ email address: _____
City/State/Zip: _____ FL Driver's License #: _____ Exp. Date _____
Place of Birth: _____ Date of Birth: _____ Primary Language Spoken at Home _____

PLEASE ANSWER THE FOLLOWING QUESTIONS:

1. Have you **EVER** pled nolo contendere, pled guilty, been found guilty or been convicted of any of the following crimes (even if adjudication was withheld):

YES	NO	YES	NO
<input type="checkbox"/>	<input type="checkbox"/> Involving use of a deadly weapon	<input type="checkbox"/>	<input type="checkbox"/> Involving homicide
<input type="checkbox"/>	<input type="checkbox"/> Involving trafficking in narcotics	<input type="checkbox"/>	<input type="checkbox"/> Involving violent offense against a Law Enforcement Officer
<input type="checkbox"/>	<input type="checkbox"/> Sex Crime	<input type="checkbox"/>	<input type="checkbox"/> Any other felonies (within the last 5 years)
<input type="checkbox"/>	<input type="checkbox"/> Involving moral turpitude not related to sex crimes	<input type="checkbox"/>	<input type="checkbox"/> Any other crimes including misdemeanors
<input type="checkbox"/>	<input type="checkbox"/> Kidnapping	<input type="checkbox"/>	<input type="checkbox"/> Arson
		<input type="checkbox"/>	<input type="checkbox"/> Prostitution

If **yes to any question**, please explain: _____

2. If convicted of a felony, have your civil/residency rights been restored? _____ If yes, **attach proof of restoration**.

3. During the last five (5) years prior to this application, has your Driver's License been suspended for, **OR** have you pled nolo contendere **OR** pled guilty **OR** been found guilty **OR** been convicted (even if adjudication was withheld) of:

YES	NO
<input type="checkbox"/>	<input type="checkbox"/> Driving under the influence of drugs or intoxicating liquors (D.U.I)
<input type="checkbox"/>	<input type="checkbox"/> Three (3) or more traffic infractions resulting in accidents.
<input type="checkbox"/>	<input type="checkbox"/> Fleeing the scene of any accident.
<input type="checkbox"/>	<input type="checkbox"/> Vehicular Manslaughter or any death resulting from the operation of a motor vehicle.
<input type="checkbox"/>	<input type="checkbox"/> Any felony in the commission of which a motor vehicle is used.

4. Has your Florida Driver's License **EVER** been suspended/revoked (even if reinstated) for any reason? ☐ Yes ☐ No

If yes, explain: _____

5. Has your Florida Driver's License been suspended two (2) or more times within the last 12 months? ☐ Yes ☐ No

6. Have you been found guilty, pled guilty or nolo contendere to two or more moving violations within the past two (2) years? ☐ Yes ☐ No

7. During the last five (5) years prior to this application, have you had 24 points against your driver's license? ☐ Yes ☐ No

IMPORTANT: IF YES IS CHECKED TO ANY OF THE ABOVE QUESTIONS YOU MAY NOT BE ELIGIBLE FOR A CHAUFFEUR REGISTRATION - PLEASE REFER TO THE MIAMI-DADE COUNTY CODE SECTION 31-303(E) FOR SPECIFIC CLARIFICATION

FOR PASSENGER TRANSPORTATION REGULATORY DIVISION USE ONLY:

Registration No. _____ Expiration Date: _____ Training Date: _____
Processed by: _____ Issued by: _____ Date Issued: _____

**PART 2- FOR-HIRE TRANSPORTATION COMPANY ENDORSEMENT
(TO BE COMPLETED BY FOR-HIRE COMPANY/LICENSE HOLDER) (PLEASE PRINT)**

1. This is to certify that _____ will be an authorized chauffeur for
_____ if he/she meets all the requirements of the Passenger
(Print name of operator or For-hire Company)

Transportation Regulatory Division (PTRD), and Chapter 31 of the Miami-Dade County Code.

2. For-Hire License/Certificate Number _____ Doing Business As (D/B/A) _____

3. Type of vehicle: ☐ Taxi ☐ Limousine ☐ Non Emergency ☐ STS
☐ PMC General ☐ PMC Jitney/ Fixed/Circulator ☐ School Bus (Seating Capacity _____)

4. If School Bus Operator, list all schools currently servicing _____

Signature of Operator or Authorized
Representative of For-Hire Company: _____ Date Signed: _____

Print Name: _____ Address: _____ Phone # _____

Part 3- Firearm Disclosure

Do you possess or transport a firearm while engaged in For-Hire Transportation? ☐ Yes I do** ☐ No I do not

**If you DO possess or transport a firearm while engaged in For-Hire Transportation please read the following information:

By answering yes to the previous question, you also certify that you are authorized, pursuant to State Law, to possess or transport a firearm while engaged in For-Hire Transportation.

By signing this application, you hereby agree not to possess and/or transport a firearm while engaged in For-Hire Transportation, unless you are authorized to do so by State Law. Any required State License must be current and valid and must be kept on file at all times with the Consumer Services Department, Passenger Transportation Regulatory Division. The filing of this disclosure must be performed with every renewal application.

FAILURE TO COMPLY WITH THE ABOVE PROVISIONS MAY RESULT IN A FINE, SUSPENSION AND/OR REVOCATION OF YOUR CHAUFFEUR REGISTRATION.

Part 4- CHAUFFEUR CERTIFICATION (TO BE COMPLETED AT OFFICE)

I understand that my Chauffeur's Registration (Hack License) may be subject to suspension or revocation by the Consumer Services Department (CSD) under, but not limited to the following conditions:

1. If I fail to comply with or willfully violate any of the applicable provisions of the Miami-Dade County Code and/or the applicable laws.
2. If any material fact was omitted or falsely stated on my application.

I understand that my Chauffeur's Registration shall be automatically revoked by CSD:

1. If I plead nolo contendere, plead guilty or am convicted of a felony or of any criminal offense involving moral turpitude or a crime involving the use of deadly weapons or trafficking in narcotics;
2. If my State of Florida Driver's License is suspended or revoked;
3. If it is determined, after drug or alcohol testing, that my use of alcohol or a controlled substance has impaired or is impairing my ability to drive a for-hire vehicle.

I understand that fines, as required by Miami-Dade County Code for each infraction, may be imposed for violation of Code provisions. Furthermore, if I am caught cheating during any of the trainings, or the examination itself, my application will be denied and I shall not be eligible to re-apply for a Chauffeur's Registration for one year.

I have read the above and agree to carry out my chauffeur duties accordingly.

I certify under oath that I am not a user of alcohol or drugs whose current use would constitute a direct threat to property or the safety of others. I further pledge that I will not be a user of alcohol or drugs in a manner that would constitute a direct threat to the property and safety of others. I further certify under oath that I am free of any mental defect or disease that would constitute a direct threat to the property or safety of others or would impair my ability to drive a for-hire vehicle. This further certifies that I am duly authorized to work in the United States of America under the current laws of the Department of Homeland Security, Bureau of Citizenship and Immigration Services.

I also certify that all statements contained in my application are complete and true. I acknowledge that omissions or false statements will be grounds for revocation or non-issuance of a Chauffeur's Registration.

Chauffeur's Signature: _____ Date _____

REPORT OF PHYSICAL EXAMINATION FOR CHAUFFEUR'S REGISTRATION

PART 5- TO BE COMPLETED BY LICENSED PHYSICIAN OR ADVANCED REGISTERED NURSE PRACTITIONER All data must be completed for this form to be accepted.

Name: _____

Date of Birth: _____

Health History:

YES	NO	YES	NO
<input type="checkbox"/>	<input type="checkbox"/> Head or Spinal Injuries	<input type="checkbox"/>	<input type="checkbox"/> Muscular Disease
<input type="checkbox"/>	<input type="checkbox"/> Cardiovascular Disease	<input type="checkbox"/>	<input type="checkbox"/> Psychiatric Disorder
<input type="checkbox"/>	<input type="checkbox"/> Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/> Nervous Disorder
<input type="checkbox"/>	<input type="checkbox"/> Gastrointestinal Ulcer	<input type="checkbox"/>	<input type="checkbox"/> Use of Narcotics
<input type="checkbox"/>	<input type="checkbox"/> Vision Disorder	<input type="checkbox"/>	<input type="checkbox"/> Excessive Alcohol
<input type="checkbox"/>	<input type="checkbox"/> Hearing Disorder	<input type="checkbox"/>	<input type="checkbox"/> Seizures, fits, convulsions, fainting
<input type="checkbox"/>	<input type="checkbox"/> Asthma	<input type="checkbox"/>	<input type="checkbox"/> Syphilis, gonorrhea
<input type="checkbox"/>	<input type="checkbox"/> Diabetes	<input type="checkbox"/>	<input type="checkbox"/> Other Disease
<input type="checkbox"/>	<input type="checkbox"/> Kidney Disease		

PHYSICAL EXAMINATION

1. Height: _____ Weight: _____ Color of eyes _____ Color of Hair _____

General Health: Good _____ Fair _____ Poor _____

2. Vision: Without corrective lenses: Right eye 20/ _____ Left eye 20/ _____
With corrective lenses: Right eye 20/ _____ Left eye 20/ _____
Color perception or red, green and yellow? Yes _____ No _____
Horizontal field of vision is within normal range? Yes _____ No _____
Evidence of disease or injury: _____

3. Hearing: Right ear _____ Left ear _____ With normal range? Yes _____ No _____

4. Heart: Blood pressure: Systolic _____ Diastolic _____ Is the reading normal? Yes _____ No _____
Pulse: Before Exercise _____ After Exercise _____ Is the reading normal? Yes _____ No _____
Any evidence of disease or injury: _____

5. Extremities: Hands, arms, legs and feet are normal or adequate? Yes _____ No _____
Coordination and reflexes are normal or adequate? Yes _____ No _____
Evidence of disease or injury: _____

6. Other: Any evidence of illness, disease or injury involving the following?

YES	NO	YES	NO
<input type="checkbox"/>	<input type="checkbox"/> Abdomen	<input type="checkbox"/>	<input type="checkbox"/> Back Muscles
<input type="checkbox"/>	<input type="checkbox"/> Lungs	<input type="checkbox"/>	<input type="checkbox"/> Communicable Disease
<input type="checkbox"/>	<input type="checkbox"/> Nose and Throat	<input type="checkbox"/>	<input type="checkbox"/> Mental Abnormalities
<input type="checkbox"/>	<input type="checkbox"/> Hernia	<input type="checkbox"/>	<input type="checkbox"/> Emotional Instability

If you answered yes to any of the above, please explain: _____

7. Physician's/Nurse Practitioner's comments on Health History "yes" answers: _____

I certify that I am licensed to practice in the State of Florida and that I have conducted an examination of the individual identified above. My findings indicate that **this individual is medically qualified and physically able to drive a for-hire vehicle and assist for-hire passengers to enter or exit the vehicle, load or unload passenger baggage, and all other similar passenger related needs.** A for-hire vehicle is defined as a taxicab, limousine, passenger motor vehicle, non-emergency medical transportation vehicle, special transportation services vehicle, or private school bus.

Name of Examining Doctor
or Advanced Nurse Practitioner (please print) _____ Telephone # _____

Signature _____ Date Signed _____

Florida HRS Certification No. or State of Florida License No. _____